



## Complete Summary

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### TITLE

Venous thromboembolism (VTE) diagnosis and treatment: percentage of adult patients treated for VTE who have been assessed for the need for graded compression stockings (not Teds).

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Feb. 79 p. [220 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of adult patients treated for venous thromboembolism (VTE) who have been assessed for the need for graded compression stockings (not Teds).

### RATIONALE

The priority aim addressed by this measure is to prevent progression or recurrence of thromboembolic disease.

### PRIMARY CLINICAL COMPONENT

Venous thromboembolism (VTE); graded compression stockings

**DENOMINATOR DESCRIPTION**

Total number of adult patients treated for venous thromboembolism (VTE)

**NUMERATOR DESCRIPTION**

Total number of adult patients treated for venous thromboembolism (VTE) with a completed graded compression stocking (not Teds) assessment documented in the medical record

**Evidence Supporting the Measure****EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

**Evidence Supporting Need for the Measure****NEED FOR THE MEASURE**

Unspecified

**State of Use of the Measure****STATE OF USE**

Current routine use

**CURRENT USE**

Internal quality improvement

**Application of Measure in its Current Use****CARE SETTING**

Hospitals  
Physician Group Practices/Clinics

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

**TARGET POPULATION AGE**

Age greater than or equal to 18 years

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component****INCIDENCE/PREVALENCE**

Unspecified

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Complications or comorbidities of venous thromboembolism (VTE) include massive pulmonary embolism, contraindications to anticoagulation, known history of heparin-induced thrombocytopenia, extensive iliofemoral thrombosis/phlegmasia, pregnancy, familial bleeding disorders, and severe renal dysfunction.

**EVIDENCE FOR BURDEN OF ILLNESS**

Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Feb. 79 p. [220 references]

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories****IOM CARE NEED**

Getting Better  
Staying Healthy

## **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Adults 18 years and older treated for venous thromboembolism (VTE)

A list of all adult patients treated for VTE during the previous target period. The medical records can be reviewed to determine the documentation of a completed assessment for graded compression stockings (not Teds).

Data may be collected semiannually.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of adult patients treated for venous thromboembolism (VTE)

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition

Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of adult patients treated for venous thromboembolism (VTE) with a

completed graded compression stocking (not Teds) assessment documented in the medical record

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Episode of care

**DATA SOURCE**

Administrative data

Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure**

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Percentage of adult patients treated for venous thromboembolism (VTE) who have been assessed for the need for graded compression stockings (not Teds).

### MEASURE COLLECTION

[Venous Thromboembolism Diagnosis and Treatment Measures](#)

### DEVELOPER

Institute for Clinical Systems Improvement

### FUNDING SOURCE(S)

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

*Work Group Members:* Bruce Burnett, MD (Work Group Leader) (Park Nicollet Health Services) (Internal Medicine); Mary Michener, MD (Winona Clinic) (Family Medicine); Denise Dupras, MD (Mayo Clinic) (Internal Medicine); Thomas Gabert, MD, MPH (Marshfield Clinic) (Internal Medicine); Seema Maddali, MD, MPH (Fairview Health Services) (Internal Medicine); Cindy Felty, NP (Mayo Clinic) (Nursing and Health Education); Peter Marshall, PharmD (HealthPartners Health Plan) (Pharmacy); Keith Harmon, MD (Park Nicollet Health Services) (Pulmonology); Mark Melin, MD (Park Nicollet Health Services) (Vascular Surgery); Penny Fredrickson (Institute for Clinical Systems Improvement) (Facilitator); Myounghee Hanson (Institute for Clinical Systems Improvement) (Facilitator)

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No work group members have potential conflicts of interest to disclose.

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2006 Feb

## **REVISION DATE**

2009 Feb

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Jun. 91 p.

## **SOURCE(S)**

Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Feb. 79 p. [220 references]

## **MEASURE AVAILABILITY**

The individual measure, "Percentage of Adult Patients Treated for Venous Thromboembolism (VTE) Who Have Been Assessed for the Need for Graded Compression Stockings (Not Teds)," is published in "Health Care Guideline: Venous Thromboembolism Diagnosis and Treatment." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI on May 1, 2006. This NQMC summary was updated by ECRI Institute on October 8, 2007 and again on June 30, 2009.

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